
XXXXXXX
(Assistant Examiner) (Date)

**/A. Dexter Tugbang/
Primary Examiner**
(Primary Examiner) (Date)

Total Claims Allowed: 3

O.G.
Print Claim(s)

O.G.
Print Fig.

1

2C,
2D. 3

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA			<input type="checkbox"/> T.D.			<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original	
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	2			32			62			92	
	3			33			63			93	
	4			34			64			94	
	5			35			65			95	
	6			36			66			96	
	7			37			67			97	
2	8			38			68			98	
	9			39			69			99	
	10			40			70			100	
	11			41			71			101	
	12			42			72			102	
	13			43			73			103	
	14			44			74			104	
	15			45			75			105	
	16			46			76			106	
	17			47			77			107	
	18			48			78			108	
	19			49			79			109	
3	20			50			80			110	
	21			51			81			111	
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	23			53			83			113	
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	26			56			86			116	
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	29			59			89			119	
	30			60			90			120	
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